



University of Connecticut  
Speech and Hearing Clinic  
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**Confidentiality Statement**

Uconn Speech and Hearing Clinic (UCSHC)  
CONFIDENTIALITY POLICY STATEMENT:

This policy covers all persons working, volunteering or doing business with UCSHC both during and after clinical practicum, student employment, volunteering and/or when business with UCSHC has been completed or terminated. This policy prohibits confidential information as defined by Federal (such as Health Insurance Portability & Accountability Act), State of Connecticut (UCSHC policy (e.g. Research, JDH/UMG/Dental patient confidentiality) from being accessed, disclosed or released in any format to or by any person/business that does not have a "need to know" without the proper consent of the individual/patient involved and/or UCSHC. In addition, certain information considered confidential by UCSHC may be subject to State of Connecticut Freedom of Information (FOI ) but should not be released and should be forwarded to the Director of Clinical Education.

• Conduct of Personnel:

All individuals are expected to be professional and maintain confidentiality at all times, whether dealing with actual records, projects, or conversations, and abide by the obligations of contractual confidentiality agreements. Situations in violation of this policy include, but are not limited to:

- a. "Loose" talk among healthcare workers regarding medical information about any patient or fellow employee.
- b. Allowing unauthorized access on Health Center computers to confidential patient information, financial data, confidential research data, or employee personal information.
- c. Sharing of information acquired by persons in the course of their work to others who don't have a need to have the information; accessing information that the individual doesn't have the authority to access in the course of their work, or doesn't have a need to know to carry out their job duties.
- d. Disclosure of the anonymity or medical information of research participants without the research subject's permission.
- e. Sharing of information relative to confidential Human Resources matters.
- f. Breach of confidentiality obligations under HIPAA regarding the disclosure of confidential information that is subject to a duly signed confidentiality or research agreement.
- g. Discarding confidential documents in non-secured trash. (Secured shredder bins must be used).

Examples of Types of Information to be Protected:

1. Patient Information: Patient information must not be accessed, removed, discussed with or disclosed to unauthorized persons, either within or outside of the institution, without the proper consent of the patient. All individuals having access to confidential information are bound by strict ethical and legal restrictions on the release of medical data. No individual therefore may disclose to a third party, including his/her own family, information learned from medical records, patient accounts, management information systems, or any other confidential sources during the course of his/her work. No individual may access confidential information that they do not have a need to know to carry out their job duties. Students and employees may not access, release or discuss the medical information of other students or employees without proper consent, unless the employee must do so to carry out specific assigned job functions. Employee patient

